



Certolizumab pegol (Cimzia)

Prior Authorization Criteria for the TRICARE Pharmacy Program

Certolizumab pegol (Cimzia) is indicated for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patient with moderately to severely active disease who have had an inadequate response to conventional therapy. It is also indicated for the treatment of adults with active rheumatoid arthritis.

The use of certolizumab in combination with other medications that work through the same or a similar mechanism of action, such as adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), abatacept (Orencia), rituximab (Rituxan) and golimumab (Simponi) is not well-supported by the clinical literature and may be associated with increased adverse events.

To limit wastage, the maximum quantity of certolizumab that will be dispensed at any one time is an 8 weeks supply from the TRICARE Mail Order Pharmacy (TMOP) and a 4 weeks supply from retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for certolizumab (Cimzia) obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for certolizumab (Cimzia) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

SPECIAL NOTE: Enbrel, Kineret, Simponi and Cimzia are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira and Amevive, which are formulary (Tier 2). TRICARE does not cover Enbrel, Kineret, Simponi and Cimzia for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary instead of a formulary agent.

Medical necessity forms are available on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The PA form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Enbrel, Kineret, Simponi and Cimzia require both forms.

Prior Authorization Criteria for Certolizumab pegol Injection (Cimzia)

- Coverage provided for the treatment of moderate to severely active Crohn's disease refractory to conventional therapy
- Coverage provided for the treatment of active rheumatoid arthritis
- Coverage NOT provided for concomitant use with anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), abatacept, (Orencia), or rituximab (Rituxan).

*Criteria approved through the Uniform Formulary decision-making process
(August 2009)*

www.tricare.mil is the official Web site of the
TRICARE Management Activity,
a component of the [Military Health System](#)
Skyline 5, Suite 810, 5111 Leesburg Pike,
Falls Church, VA 22041-3206

